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SERIAL NUMBER 10/805,027	FILING DATE 03/19/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 7175-74811
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/105,255 06/26/1998 PAT 6,725,483
 and is a CIP of 08/792,881 01/31/1997 PAT 5,966,760

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/09/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	OH	8	22	3
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

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TITLE

Apparatus and method for upgrading a hospital room

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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